

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO
09 / 530234

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	X					
2		1				
3	X					
4		1				
5	X					
6		1				
7		B				
8						
9						
10						
11						
*12						
13						
14						
15						
16		1				
17		1				
18						
19		X				
20		X				
21						
22						
*23						
24						
25		1				
26		1				
27		1				
28						
29	1					
30		1				
31	X					
32		1				
33		X				
34	X					
35		1				
36						
37						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	6	1		1		1
TOTAL DEP.	1	1		1		1
TOTAL CLAIMS	7	2	2	2	2	2

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3331